



## Assurance Letter Request Form

**Resident Name** \_\_\_\_\_

**Association Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Unit Number** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Insurance Company Name** \_\_\_\_\_

**Insurance Company Contact** \_\_\_\_\_

**Insurance Company Fax/Email** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please send completed forms to Reception via fax at (239) 433-3263  
or email to RECEPTIONISTFTM@waynefire.com.

Please note it can take up to 96 hrs to process.

If you have any questions, please call (239) 433-3030